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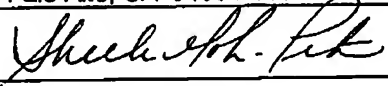
MAY 13 2005

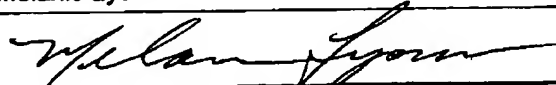
TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FAX NO.: (703) 872-9306

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/777,790
		Filing Date	02/11/2004
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	
Total Number of Pages In This Submission	6	Attorney Docket Number	DX01040K3B

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form, in duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application (2 pages) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: 1. Application Data Sheet (5 pages)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	13-May-2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:			
Typed or printed	Melanie Lyons		
Signature		Date	5-13-05

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: None
Title:: MAMMALIAN CYTOKINES; RELATED REAGENTS
Attorney Docket Number:: DX01040K3B
Request for Early Publication?:: No
Request for Non-Publication?:: No
Small Entity:: No
Petition included?:: No
Secrecy Order in Parent App.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship:: United Kingdom
Status:: Full Capacity
Given Name:: Jacqueline
Middle Name:: C.
Family Name:: Timans
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Residence State:: California
Residence Country:: USA
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Mountain View, CA 94043

Applicant Authority Type:: Inventor
Primary Citizenship:: Germany
Status:: Full Capacity
Given Name:: Stefan
Middle Name:: Karl-Heinz
Family Name:: Pflanz
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Residence State::
Residence Country:: Germany
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Applicant Authority Type:: Inventor
Primary Citizenship:: The Netherlands
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Given Name:: Robert
Middle Name:: A.
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Residence State:: California
Residence Country:: USA
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Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Status:: Full Capacity
Given Name:: J.
Middle Name:: Fernando
Family Name:: Bazan

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Residence State:: California
Residence Country:: USA
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Palo Alto, CA 94301

Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Status:: Full Capacity
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Middle Name::
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Residence State:: California
Residence Country:: USA
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Applicant Authority Type:: Inventor
Primary Citizenship:: The Netherlands
Status:: Full Capacity
Given Name:: Rene
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Residence Country:: USA
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Applicant Authority Type:: Inventor
Primary Citizenship:: USA
Status:: Full Capacity
Given Name:: Jeanne
Middle Name::
Family Name:: Cheung
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Residence State:: California
Residence Country:: USA
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CORRESPONDENCE INFORMATION**Correspondence Customer**

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Fax Number:: 650-496-1200
E-Mail address:: sheela.mohan-peterson@dnax.org

REPRESENTATIVE INFORMATION

Representative Customer Number::	28008
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/000,776	11/30/2001
10/000,776	Continuation-in-part of	09/791,497	02/22/2001
09/791,497	Continuation-in-part of	09/627,897	07/27/2000
09/627,897	An application claiming the benefit under 35 USC 119(e)	60/147,763	08/06/1999
09/627,897	An application claiming the benefit under 35 USC 119(e)	60/146,581	07/30/1999

ASSIGNEE INFORMATION

Assignee name:: Schering Corporation
Street of mailing address:: 2000 Galloping Hill Road
City of mailing address:: Kenilworth
State of mailing address:: New Jersey
Country of mail address:: United States
Zip Code of mail address:: 07033